Jackson County Lodging Tax Registration Form



Township

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E-Mail: tridgeway@JacksonCountyAuditor.org



For Transient Occupancy Certificate Application, Section 5739.024 O.R.C.

The following information is necessary to register a lodging Establishment within Jackson County, Ohio for the purpose of obtaining a "Transient Occupancy Registration Certificate." **Owner Information: Owner Name** Phone # **Owner Address** E-Mail **Operator Information:** (if different than Owner) **Operator Name** Phone # **Operator Address** E-Mail **Company\LLC Information:** Company\LLC Phone # Company\LLC Name Company\LLC Address Type of Lodging: (Check all that apply) Hotel Bed & Breakfast Cabins Lodges Unit Information: (List all Room/Units/Cabins) 1) **Unit Name Unit Address**

Parcel #

2)				
-	Unit Name		Unit Address	
Township		Parcel #		
3)				
	Unit Name		Unit Address	
Township		Parcel #		
4)				
4)	Unit Name		Unit Address	
Tow	nship	Parcel #		
5)				
•	Unit Name		Unit Address	
Township		Parcel #		
6)				
-,	Unit Name	_	Unit Address	
Tow	nship	Parcel #		
7)				
	Unit Name		Unit Address	
Township		Parcel #		
8)				
	Unit Name		Unit Address	
Township		Parcel #		
9)				
	Unit Name		Unit Address	
Township		Parcel #		
10)				
	Unit Name		Unit Address	
Tow	nship	Parcel #		

Lodging Tax Ownership/Contact Change:

Any change in the Lodging Tax contact given below, ownership or operator change is required to be sent to the Jackson County Auditor in the reporting month the change occurs.

Lodging Tax Return:

Payment is required to be submitted quarterly to the Jackson County Auditor. In the event a facility is not rented during the reporting quarter the Lodging Tax Report is required to be submitted quarterly to the Jackson County Auditor indicating no lodging tax was collected for that period.

Lodging Advertisement:		
		tion & Visitor's Bureau (JCCVB), please check marketing campaign(s). This does not waive the
requirement to pay the Lodging E	xcise Tax. I hereby opt out of all man	rketing:
Send all Lodging Tax Cor	respondence to:	
Name		Phone #
Address		
E-Mail		
Name of Applicant (Print)		_
Signature of Applicant		
	FOR OFFICE USE ON	<u>VLY</u>
Certificate Number		Taxing District